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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: TSUNAMI SALES FORCE, LLC Name of Limited Liability Company								
								Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
CRISTOPHER CRISTIA								
Name of Person								
TSUNAMI SALES FORCE, LLC								
Firm/Company								
2300 PALM BEACH LAKES BLVD STE. 214								
Address								
WEST PALM BEACH, FL 33409								
City/State and Zip Code								
INFO@SUNLIGHTENERGYSOLUTIONS.COM								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
CRISTOPHER CRISTIA 561 713-5445								
Name of Person Area Code & Daytime Telephone Numb								
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314								
Enclosed is a check for the following amount:								
■ \$25 Filing Fee								
NHS18 (2/14)								

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: TSUNAMI SAL	ES F	ORCE, LL	С	
,	(a)		a	b)		
	(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (•	ress of limited liability company: AY BE POST OFFICE BOX)
		2300 PALM BEACH LAKES BLVD STE 214		2300 PA	LM BEA	ACH LAKES BLVD S.214
		WEST PALM BEACH, FL 33409	-	West	Palm	Beach, FL 33400
		12/09/2016		L1600022	3140	
3.		Date of filing/registration in Florida	4.		Documer	nt number
5.	(a)	CRISTOPHER CRISTIA				
٥.	()	Registered Agent and Registered Office shown on the records of the	e Florid	a Dept. of State	:	
						72 Z
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES:	27	•	
		6282 S MILITARY TRL APT 703				光学の一
		LAKE WORTH, FL3	3409			2017 AUG 14 AM 11: 28 SECRETARY OF STATE TATLAHASSEE, FI ORID
						75
	(b)	Enter name of NEW Registered Agent and/or NEW Registered C		 		28 DRIII 28
		Enter name of NEW Registered Agent and/or NEW Registered C	Mice ad	idress:		T
		CRISTOPHER CRISTIA				
		NEW Registered Office Address:				
		2670 N FEDERAL HWY APT 3				
		BOYNTON BEACH , FL	33435			
the age was the S I h prothe to n	cha nt w s/we artic ignat eret visio oblinere	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liability and a street address of the authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liability are of a member or authorized representative of a member one of all statutes relative to the proper and complete propertions of my position as registered agent as provided by reflect a change in the registered office address, I have a complete the proper and complete properties of this change.	he reginity continued in the limited	stered office ompany, it is nited liability liability com	and the backers hereby company. hereby company. Printed or	ousiness office of the registered on firmed that the change(s) y or as otherwise provided in typed name of signee
		e of Registered Agent				